I. AMENDMENTS TO THE SPECIFICATION

Please amend the paragraph beginning on page 1, line 5, as shown below (this paragraph was previously amended by the amendment filed on September 27, 2005):

- - This is a continuation of U.S. Patent Appl. No. 09/053,152, filed April 1, 1998, now abandoned, which is a continuation-in-part of U.S. Patent Appl. No. 08/786,937, filed January 22, 1997, now abandoned, which claims priority to U.S. Provisional Patent Appl. No. 60/011,282, filed February 7, 1996, the contents of each of which are incorporated herein by reference. - -

Please amend the paragraph beginning on page 10, line 23, as shown below:

- - New controlled ovarian stimulation ~~(COH)~~ (COS) protocols become possible, which combine the advantages of clomifen citrate/gonadotrophin stimulation and pituitary ~~supression~~ suppression with Cetrorelix. - -

Please amend the paragraph beginning on page 10, line 26, and continuing onto page 11, as shown below:

- - ~~COH~~ COS was started on day 2 after spontaneous menstrual bleeding using 100 mg CC per day for 5 or 7 days. The antagonist Cetrorelix (0.25 mg s.c.) was given starting on stimulation day 6 combined with either urinary hMG or recombinant FSH (3 ampoules/d) in a prospective randomized way. - -

Please amend the paragraph beginning on page 11, line 9, as shown below:

- - Results: A mean number of 24 ± 4.7 and 23.4 ± 7.0 ampoules hMG and recombinant FSH were used, respectively, and 7.7 ± 3.8 and 6.4 ± 2.6 ~~oocyte~~ oocytes per cycle were retrieved, of which ~~with~~ 74% and 80% were ~~of~~ metaphase II ~~oocyles~~ oocytes ~~were retrieved~~. There were no differences regarding fertilization rates (42% vs. 53%), transfer rate/cycle (87% vs. 80%) and clinical pregnancy rate/transfer (4/14 vs. 1/11). No case of ovarian hyperstimulation ~~synrome~~ syndrome (OHSS) was observed. - -

Please amend the paragraph beginning on page 11, line 16, as shown below:

- - Conclusions: This method of ~~COH~~ COS yields a sufficient number of mature oocytes with a high pregnancy rate. Compared to the long protocol, this protocol is very convenient for the patient, the amount of gonadotropins is reduced, and no case of OHSS was observed. The hormone withdrawal symptoms as well as the problems of cyst formation were avoided, and the costs of therapy are reduced to an important degree. - -